



Georgia Department of Agriculture

19 Martin Luther King, Jr. Drive, Room 242
Atlanta, Georgia 30334-4201

Tommy Irvin
Commissioner

Telephone: (404) 656-3641
Facsimile: (404) 463-6671
E-mail: www.agr.georgia.gov

NOTIFICATION TO CHANGE LICENSEE FORM

Use when the status of a company changes, for example, when the company or accounts are sold or the company is no longer operating in the business of Structural Pest Control.

Company License Number _____ Date _____

Company Name _____

Which describes the situation (check which applies):

____ The company is no longer in business – close of business date : _____

OR

____ The company and/or accounts have been sold to a new owner/Licensee.

Company Name _____ License Number _____

Owner/Licensee Name _____

Submitted and Signed by _____

E-mail address: _____

Submit this form by mail, fax or e-mail (lsantiago@agr.georgia.gov)

Additional Remarks:

In accordance to Chapter 620-3.02(8)(g), the licensee shall notify the Department in writing, within ten days of any change of address or closing of any office.